
State:	District of Columbia	Filing Company:	Scottsdale Indemnity Company
TOI/Sub-TOI:	05.0 CMP Liability and Non-Liability/05.0003 Commercial Package		
Product Name:	Business & Management Liability		
Project Name/Number:	/EK DC10089ICF01		

Filing at a Glance

Company:	Scottsdale Indemnity Company
Product Name:	Business & Management Liability
State:	District of Columbia
TOI:	05.0 CMP Liability and Non-Liability
Sub-TOI:	05.0003 Commercial Package
Filing Type:	Form
Date Submitted:	01/08/2020
SERFF Tr Num:	SCTT-132212571
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	EK DC10089ICF01
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Dawn Weirich
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name:	Status of Filing in Domicile:
Project Number: EK DC10089ICF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/08/2020	
State Status Changed:	Deemer Date:
Created By: Dawn Weirich	Submitted By: Dawn Weirich
Corresponding Filing Tracking Number:	

Filing Description:

Scottsdale Indemnity Company is submitting a new and a revised form to be utilized with our Business and Management Liability program. We request an effective date concurrent with your Department's approval.

Enclosed please see forms:

- EKI-1633 (11-19) Amend Discovery Period which replaces the (1-16) edition. This endorsement was revised to offer up to 6 years discovery.
- EKI-2193 (10-19) Amended Limit of Liability and Retentions which is new. This endorsement was developed to help with Side A D&O Losses where the insured choose to not indemnify the D&Os.

Please note that there is no rate impact associated with these forms.

Company and Contact

Filing Contact Information

Dawn Weirich, Filings Analyst II	weiricd@scottsdaleins.com
PO Box 4110	800-423-7675 [Phone] 3109 [Ext]
Scottsdale, AZ 85261	

Filing Company Information

Scottsdale Indemnity Company	CoCode: 15580	State of Domicile: Ohio
PO Box 4110	Group Code: 140	Company Type:
Scottsdale, AZ 85261	Group Name: Nationwide	State ID Number:
(800) 423-7675 ext. [Phone]	FEIN Number: 31-1117969	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		AMEND DISCOVERY PERIOD	EKI-1633	11-19	END	Replaced	Previous Filing Number:			EKI-1633 (11-19).pdf
							Replaced Form Number:	EKI-1633 (1-16)		
2		AMENDED LIMIT OF LIABILITY AND RETENTIONS	EKI-2193	10-19	END	New				EKI-2193 (10-19).pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DISCOVERY PERIOD

In consideration of the premium paid, it is agreed that this endorsement modifies insurance provided under the following:

BUSINESS AND MANAGEMENT INDEMNITY POLICY

It is agreed that Item 5. of the Declarations, **Discovery Period** options, is amended to read as follows:

Item 5. **Discovery Period** options:

1. One year = _____ % of the premium
2. Two years = _____ % of the premium
3. Three years = _____ % of the premium
4. Four years = _____ % of the premium
5. Five years = _____ % of the premium
6. Six years = _____ % of the premium

As provided in subsection H.1. of the General Terms and Conditions, only one of the above **Discovery Period** options may be elected and purchased.

All other terms and conditions of this **Policy** remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED LIMIT OF LIABILITY AND RETENTIONS

In consideration of the premium paid, it is agreed that this endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS AND COMPANY COVERAGE SECTION

Section B., **DEFINITIONS**, is amended to include the following:

- **Financial Impairment Situation** means the financial condition, viability and resources of the **Company** or an **Outside Entity** as the result of or in connection with:
 - a. the **Company** or **Outside Entity** becoming a debtor-in-possession;
 - b. the appointment of a receiver, conservator, liquidator, trustee, rehabilitator or similar official to control, supervise, manage or liquidate the **Company** or **Outside Entity**; or
 - c. the filing of a bankruptcy petition by or against the **Company** or **Outside Entity** under the bankruptcy laws of the United States of America or any equivalent event outside of the United States of America.

Section D., **LIMIT OF LIABILITY AND RETENTIONS**, subsection 4. is deleted in its entirety and replaced with the following:

4. Insuring Clause A.2. and the applicable retention thereto shall apply to **Loss** resulting from any **Claim** if indemnification by the **Company** for such **Claim** is required or permitted by applicable law, to the fullest extent so required or permitted, regardless of whether or not such actual indemnification by the **Company** is made, except and to the extent such indemnification is not made by the **Company** solely by reason of a **Financial Impairment Situation**.

All other terms and conditions of this **Policy** remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	